

PHA 5-Year and Annual Plan TN068v01 - Final	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
--	---	--

1.0	PHA Information PHA Name: <u>Smithville Housing Authority</u> PHA Code: <u>TN068</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2009</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>182</u> Number of HCV units: <u>0</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) Not Applicable					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV	
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. Not Applicable. Required only in 5-Year Plan.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Not Applicable. Required only in 5-Year Plan.					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Not Applicable. Required only in 5-Year Plan.					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> Financial Resources Element: the SHA Financial Statement including PHA Operating and Capital Fund, Rental Income, Investments etc. change on an annual basis. The SHA maintains this information on file and makes it available for HUD and public review at the SHA Administration Office Fiscal Year Audit: The SHA's most recent Audit is on file at the SHA Administration Office and is available for HUD and public review. Violence Against Women Act (VAWA): The SHA has completed the required VAWA Policy. (See Attachment) (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Smithville Housing Authority Administration Office					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The SHA is not proposing any of the above-listed activities.					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached form HUD-50075.1 for FY 2009 and all open CFP Grants.					

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached form HUD-50075.2 for 5-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not Applicable.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

ATTACHMENTS:

Resident Advisory Board (RAB) Comments:

The Smithville Resident Advisory Board met on March 2, 2009 to discuss recommended improvements to consider for the FY 2009 and 5-year CFP budgets. The following items were discussed:

- *Storage Buildings in Development TN068-06:* SHA will include in 5-Year CFP.
- *Drainage Problems in Development TN068-06:* SHA will include in 5-Year CFP.

Violence Against Women Act Policy- Smithville Housing Authority:

The Smithville Housing Authority adopted the following VAWA Policy on July 21, 2008. (See Policy on next pages)

RESOLUTION NO. 246-2008

RESOLUTION TO ADOPT POLICY “VIOLENCE AGAINST WOMEN ACT”

WHEREAS, The Violence Against Women and Just Department Act of 2005 (VAWA) provides protection for residents who are victims of domestic violence, dating violence or stalking from being evicted from housing based on such acts of violence against them; and

WHEREAS, a policy (copy attached) has been prepared and each resident/household has been furnished a copy of their review and comments; and

WHEREAS, after thirty (30) day waiting period and adoption of this resolution by the Board of Commissioners, the Admissions and Continued Occupancy Policy and the Dwelling Lease would be amended to include this policy; and

THEREFORE, BE IT RESOLVED by the Board of Commissioners that this resolution be approved and incorporated into the ACOP and Dwelling Lease.

BE IT FURTHER RESOLVED by the Board of Commissioners that the Dwelling Lease be prepared and executed effective October 1, 2008 (the reexamination date).

Adopted 07-21-2008

SMITHVILLE HOUSING AUTHORITY
NOTICE TO RESIDENTS AND APPLICANTS
REGARDING
RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 program.

Individuals may not be denied housing assistance, terminated from Public housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the Smithville HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate "an actual and imminent threat to other tenants or those employed at or providing service to the property." Where such a threat can be demonstrated by the Smithville HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the Smithville HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA's request

for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
Office of Public and Indian housing**

OMB Approval No. 2577-0249
Exp (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Form HUD-5066
(11/2006)

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

Form HUD-5066
(11/2006)

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P06850109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-			
2	1406 Operations (may not exceed 20% of line 21) ³	280,924.00			
3	1408 Management Improvements	-			
4	1410 Administration (may not exceed 10% of line 21)	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	-			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	-			
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Non-dwelling Structures	-			
13	1475 Non-dwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities ⁴	-			
18a	1501 Collateralization or Debt Service paid by the PHA	-			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant: (sum of lines 2 – 19)	280,924.00			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Activities	-			
23	Amount of line 20 Related to Security – Soft Costs	-			
24	Amount of Line 20 Related to Security – Hard Costs	-			
25	Amount of line 20 Related to Energy Conservation Measures	-			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P06850109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009 FFY OF Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

² To be completed for the Performance and Evaluation Report

PHA Name: **Smithville Housing Authority**

[illegible]

form HUD-50075.1 (4/2008)

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S06850109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: ARRA 2009 FFY of Grant Approval: ARRA 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-			
2	1406 Operations (may not exceed 20% of line 21) ³	-			
3	1408 Management Improvements	-			
4	1410 Administration (may not exceed 10% of line 21)	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	33,963.00			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	7,631.00			
10	1460 Dwelling Structures	314,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Non-dwelling Structures	-			
13	1475 Non-dwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities ⁴	-			
18a	1501 Collateralization or Debt Service paid by the PHA	-			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$355,594.00			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Activities	-			
23	Amount of line 20 Related to Security – Soft Costs	-			
24	Amount of Line 20 Related to Security – Hard Costs	-			
25	Amount of line 20 Related to Energy Conservation Measures	-			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S06850109 Replacement Housing Factor Grant No:		Federal FY of Grant: ARRA FFY OF Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

Part II Supporting Pages								
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S06850109 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: ARRA 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	A/E Design	1430	1	21,450.00				
PHA-Wide	A/E Inspection	1430	1	12,513.00				
TN068-005(2)	Install new water lines	1450	1000 LF	7,631.00				
TN068-002	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical and accessories.	1460	20 units	42,000.00				
TN068-003	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical and accessories.	1460	12 units	50,400.00				
TN068-004	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical and accessories.	1460	12 units	50,400.00				
TN068-005(1&2)	Replace all windows	1460	34 units	81,200.00				
TN068-006	Replace roofing	1460	53 units	90,000.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Smithville Housing Authority				Federal FY of Grant: ARRA 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN068-002	03/18/10		03/18/12		
TN068-003	03/18/10		03/18/12		
TN068-004	03/18/10		03/18/12		
TN068-005(1&2)	03/18/10		03/18/12		
TN068-006	03/18/10		03/18/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program – Five Year Action Plan

U.S. Department of Housing and Urban Development
OFFICE OF PUBLIC AND INDIAN HOUSING

Expires 4/30/2011

PART I: SUMMARY						
PHA Name/Number Smithville Housing Authority / TN068		Locality (City/County & State) Smithville / DeKalb Co., Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	221,100.00	191,000.00	191,000.00	191,000.00
C.	Management Improvements		59,824.00	89,924.00	89,924.00	89,924.00
D.	PHA-Wide Non-dwelling Structures and Equipment		-	-	-	-
E.	ADMINISTRATION		-	-	-	-
F.	Other		-	-	-	-
G.	Operations		-	-	-	-
H.	Demolition		-	-	-	-
I.	Development		-	-	-	-
J.	Capital Fund Financing – Debt Service		-	-	-	-
K.	Total CFP Funds		\$280,924.00	\$280,924.00	\$280,924.00	\$280,924.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$280,924.00	\$280,924.00	\$280,924.00	\$280,924.00

PART I: SUMMARY (CONTINUATION)						
PHA Name/Number Smithville Housing Authority / TN068			Locality (City/county & State) Smithville / DeKalb Co., Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		Annual Statement				
	PHA-Wide		\$83,424.00	\$280,924.00	\$280,924.00	\$280,924.00
	TN068-001		-	-	-	-
	TN068-002		\$50,000.00	-	-	-
	TN068-003		-	-	-	-
	TN068-004		-	-	-	-
	TN068-005		\$85,000.00	-	-	-
	TN068-006		\$25,000.00	-	-	-
	TN068-007		42,500.00	-	-	-

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010			Work Statement for Year: 2011 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	PHA-Wide	Hot Water Heaters	\$5,000.00	PHA-Wide	Ranges/Refrigerators (15)	\$12,000.00
Statement	PHA-Wide	Ranges/Refrigerators (12)	\$13,600.00	PHA-Wide	HVAC	\$13,000.00
	TN068-06	Bathtub Inlay/Surround (25 family units)	\$25,000.00	PHA-Wide	Roofing/shingles Improvements	\$10,000.00
	TN068-06	Bathtub Inlay/Surround (28 elderly units)	\$28,000.00	PHA-Wide	Site Improvements	\$10,000.00
	TN068-07	Storage Buildings (17)	\$42,500.00	PHA-Wide	Building Exterior Improvements	\$15,000.00
	TN068-05	Storage Buildings (34)	\$85,000.00	PHA-Wide	Kitchen Renovations	\$15,000.00
	TN068-02	Storage Buildings (10)	\$22,000.00	PHA-Wide	Bathroom Renovations	\$10,000.00
				PHA-Wide	Interior painting	\$10,000.00
				PHA-Wide	Lighting/Electrical Improvements	\$10,000.00
				PHA-Wide	Doors/Hardware	\$5,000.00
				PHA-Wide	Plumbing Improvements	\$15,000.00
				PHA-Wide	Flooring	\$10,000.00
				PHA-Wide	Carpeting in Elderly units	\$5,000.00
				PHA-Wide	Storage buildings	\$5,000.00
				PHA-Wide	New Maintenance Truck	\$24,000.00
				TN068-02	Storage Buildings (10)	\$22,000.00
			\$224,100.00			\$191,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

[illegible]

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010		Work Statement for Year: 2011 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	PHA-Wide:		PHA-Wide:	
Statement	Management/Non-Physical Needs Work Items- Operations	\$26,292.00	Management/Non-Physical Needs Work Items- Operations	\$39,236.00
	Technical Assistance Fees/Costs	\$27,032.00	Technical Assistance Fees/Costs	\$25,188.00
	2010 Agency Plan	\$3,500.00	2012 Agency Plan	\$3,500.00
			Computers/Software	\$20,000.00
			Relocation	\$2,000.00
	Subtotal of Estimated Cost	\$56,824.00	Subtotal of Estimated Cost	\$89,924.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2012 FFY 2012		Work Statement for Year: 2013 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL				
Statement	PHA-Wide: Management/Non-Physical Needs Work Items-		PHA-Wide: Management/Non-Physical Needs Work Items-	
	Operations	\$39,236.00	Operations	\$34,736.00
	Technical Assistance Fees/Costs	\$25,188.00	Technical Assistance Fees/Costs	\$25,188.00
	2012 Agency Plan	\$3,500.00	2013 Agency Plan	\$3,500.00
	Computers/Software	\$20,000.00	Utility Allowance Study	\$4,500.00
	Relocation	\$2,000.00	Computers/Software	\$20,000.00
			Relocation	\$2,000.00
	Subtotal of Estimated Cost	\$89,924.00	Subtotal of Estimated Cost	\$89,924.00